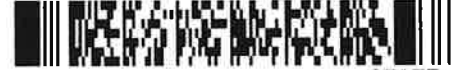




TENNESSEE DEPARTMENT OF REVENUE  
VEHICLE TAXPAYER SERVICES DIVISION  
MULTI-PURPOSE APPLICATION  
OFFICIAL VEHICLE REGISTRATION



City Stickers:

NEW OR CURRENT TITLE NUMBER	TRANSACTION CODE*	REGISTRATION ONLY NUMBER
13300961930	N01	

OWNER INFORMATION *LEGAL STATUS: 1 (AND) 2 (OR) <input type="checkbox"/> ENTER NAME CODE IN BOX 1 (SAME) 2 (DIFFERENT) 3 (MULTIPLE LAST NAMES) 4 (COMPANY) 5 (OVER 28 CHARACTERS) <b>5</b>			MAO <input checked="" type="checkbox"/>	ILU <input checked="" type="checkbox"/>	
LAST NAME	FIRST NAME	MIDDLE INITIAL	LAST NAME	FIRST NAME	MIDDLE INITIAL
PREMIER TRAILER LEASING I LLC					
ADDRESS 1 (MAILING)			ADDRESS 2 (PHYSICAL)		
PO BOX 1014					
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
GRAPEVINE	TX	76099-1014			
CITY OF RESIDENCE/PRINCIPAL BUS OR INCORP LOCATION	PURCHASE DATE	*LEASED <input checked="" type="checkbox"/> *SERVICE OPTIONS <input type="checkbox"/> SEE REVERSE SIDE FOR INSTRUCTIONS	TELEPHONE #	*PLACARD/HEARING IMPAIRED CLS/YR	*INSURANCE POLICY #
HAMILTON 033	11/29/2022		817 421 2066		

VEHICLE INFORMATION		VIN		MAKE	MODEL	YEAR	BODY	ADS Level	TITLE BRAND - translation	CODE	TYPE OF FUEL - translation	CODE
3H3V532K2RS119295				HYTR	3H3	2024	SE			N	Other	9
SURRENDERED TITLE #		STATE	PREVIOUS STATES TITLED	VEHICLE USE	VEHICLE TYPE	CURRENT MILEAGE	ODOMETER ACTUAL (0) NOT ACTUAL (8) INDICATOR OVER 10 YRS / 16,000 LBS (1) (List one) IN EXCESS OF MECHANICAL LIMITS (9)		CODE			
MSO		CA		F	S				1			
COLOR CODE (enter appropriate code)* UPPER LOWER	MOBILE HOME LGTH WIDTH	# AXLES	GROSS VEHICLE WEIGHT	*VEHICLE TRADE-IN DESCRIPTION		COMPANY VEHICLE #						
O												

PLATE INFORMATION *(required for Title and Registration and Registration Only Transactions) SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS							
PLATE #(1)	CLASSCODE/ISSUEYR(1)(3)	VALIDATION #(1)	COUNTY STICKER #(1)	CITY STICKER #(1)(2)	*PLATE #(TRADE IN)(2)	CLASS CODE/ISSUE YR(2)	EXPIRATION DATE (1)(2)(3)
450403T	8020/1994						PERMANENT
TDR STICKER #(4)	TEMP OPERATOR PERMIT #(3)	# OF SEATS(5)	ZONE(COUNTY NAME)(6)	USDOT / REGISTRANT #(7)	MOTOR CARRIER #(8)		

LIEN INFORMATION (If lien present)		LIEN CODE	FIRST LIENHOLDER	LIEN DATE
			WILMINGTON TRUST NA AS AGT	11/29/2022
STREET	CITY	STATE	ZIP CODE	
50 S 6TH ST STE 1290	MINNEAPOLIS	MN	55402	
LIEN CODE	SECOND LIENHOLDER	LIEN DATE		
STREET	CITY	STATE	ZIP CODE	

*LESSEE / REGISTRANT INFORMATION(OWNER OF PLATE)		LEGAL STATUS <input type="checkbox"/>	NAME CODE <input type="checkbox"/>	MAO <input type="checkbox"/>	ILU <input type="checkbox"/>
NAME		NAME			
ADDRESS		CITY	STATE	ZIP CODE	

VEHICLE COST / TAX INFORMATION *(required for Title & Registration Transactions)					
SALE PRICE	TRADE IN ALLOWANCE	WARRANTY AMOUNT	TAXABLE AMOUNT	SALESTAX PAID	*TAX EXEMPTION REASON / SALES TAX #
DEALER NAME		DEALER ADDRESS			DEALER #

*Required for Duplicate Title - T.C.A. 55-3-115 (submit Illegible or altered Certificate of Title)					
<input type="checkbox"/> LOST	<input type="checkbox"/> STOLEN	<input type="checkbox"/> MUTILATED	<input type="checkbox"/> RTN'D DUE TO NON DELIEVERY	<input type="checkbox"/> ALTERED	<input type="checkbox"/> ILLEGIBLE

Under penalties of perjury, I hereby certify all information provided is true and correct to the best of my knowledge, and acknowledge that it is not the responsibility of the Motor Vehicle Division or its assignees to determine the accuracy of the information provided by me or on my behalf.		SIGNATURE OF CERTIFIER/OWNER		POWER OF ATTORNEY/AUTHORIZED SIGNATURE(IF APPLICABLE)	DATE ISSUED 7/6/2023 9:44:31 AM 07/06/2023
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INVOICE NUMBER	COUNTY NAME	CO NUMBER	DATE OF APPLICATION	BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES(COUNTY CLERK)	
23187 @	HAMILTON	33	07/06/2023	W. F. BILL KNOWLES ABC14	
OFFICE USE ONLY					
REGISTRATION FEE	ELECTRIC VEHICLE FEE	CREDIT	LEASE FEE	TRANS FEE	CLERK FEE
100.25					3.00
ISSUANCE FEE		LIEN FEE	TITLE FEE	TOTAL TAX COLLECTED	
12.00		11.00	5.50	.00	
COMPUTATION OF	SALES OR USE TAX	SA TAX	LOCAL TAX	ADDITIONAL TAX	COLLECTED IN STATE OF
<input type="checkbox"/> SALES TAX <input type="checkbox"/> USE TAX					
*SERVICE OPT FEE		ORGAN DONOR	POSTAGE	VER	ID / RESIDENCY VERIFICATION
VIN PLATE FEE		*TOTAL FEES COLLECTED			
.00		131.75			